

# CHILD CARE GROUP HOME

## STAFF/VOLUNTEER ATTENDANCE

R9-3-302.C.18.

<b>NAME:</b>			<b>MONTH/YEAR:</b>
<b>DAY</b>	<b>DATE</b>	<b>TIME OF ARRIVAL</b>	<b>TIME OF DEPARTURE</b>
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			

TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS CORRECT.

Staff/Volunteer Signature

Date

Provider Signature

Date

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